



# DOVE Mission International

## Internship Application

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Please send the completed application and your application fee to  
DMI, 11 Toll Gate Road, Lititz PA 17543.  
You may also scan and send to DMI@dcfi.org

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: Male Female Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current career: \_\_\_\_\_

Home church: \_\_\_\_\_ Pastor: \_\_\_\_\_

How are you serving or have served in your church? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Agreements (please initial)

\_\_\_\_\_ I will obtain a child abuse clearance from my state and forward it to the DMI office.

\_\_\_\_\_ I gave a reference form to \_\_\_\_\_, my lead elder (pastor).

\_\_\_\_\_ Enclosed/attached is my \$100 application fee. (check payable to DOVE Mission International)

\_\_\_\_\_ If approved, I will submit \$1,000 for booking a flight **three months prior to my departure.**

\_\_\_\_\_ I am aware that it is my responsibility to raise the monthly living costs set by DMI.

### Passport

Note: This information **must be accurate**. Write your name exactly as it is written on your passport. If you do not have a current passport, or your passport expires six months or less after your trip, please apply for a new one now.

Are you a U.S. citizen? yes no If not, where is your citizenship? \_\_\_\_\_

Name as printed on passport: \_\_\_\_\_

Passport number: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

## Medical Information

### Insurance

Name of health insurance carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

Member's name: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Medical Background

Do you have any medical or physical limitation that may affect participating in any activity? yes no

If yes, please elaborate: \_\_\_\_\_

Check the boxes of any condition that applies to you. There is space below to explain further if you wish.

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Operation within last year | <input type="checkbox"/> Bee/Wasp reaction   |
| <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Pregnant           | <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Penicillin allergy | <input type="checkbox"/> Respiratory problems       |  |

Other condition or explanation of above condition: \_\_\_\_\_

Do you currently take medications? yes no

If yes, please list the medications and the condition being treated.

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Will you be fully vaccinated against COVID-19 by the anticipated departure date? yes no

*A person is considered "fully vaccinated" by the CDC "two weeks after receiving all recommended doses in the primary series of their COVID-19 vaccination." Please note that answering "no" to this question does not necessarily disqualify you from serving in this internship. However, some countries may require it for entry.*

\_\_\_\_\_ I consent to emergency medical treatment deemed necessary in the unlikely event of an accident. I will pay for any and all expenses incurred should insurance not cover them. I also release DOVE Mission International, the host ministry and staff from any liability resulting from any accident or illness. (Please initial.)

### Emergency Contacts

Emergency contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## Outreach Information

Preferred outreach location: \_\_\_\_\_

Are you willing to consider a different location, if necessary? yes no

When would you like to begin your internship? (month and year) \_\_\_\_\_

Please explain your reasons for choosing this particular assignment.

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What prior mission experience do you have?

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What is your plan to cover finances for your internship?

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How did you hear about this internship?

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## Personal Testimony

How long have you been a Christian? How is God working in your life now?

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By signing below, I agree that the above information is correct to the best of my knowledge. I also understand that the due date for my application is **four months prior to the starting month** of the internship. (For example, if you are applying for an internship starting in June, the application is due at the beginning of February.)

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference Form**  
**DOVE Mission International Internship**

Please send this completed form to DMI, 11 Toll Gate Road, Lititz, PA 17543.  
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Applicant's name: \_\_\_\_\_ Outreach location: \_\_\_\_\_

Your name: \_\_\_\_\_

How long have you known the applicant? On what level do you know him/her?

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What are the applicant's strengths and weaknesses?

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Since you have known the applicant, how have you seen growth in his/her relationship with the Lord? Does the applicant seek to obey God's Word? Please explain attitude and behavioral changes consistent with the Word of God, spiritual gifts that are evident, the conviction of the Holy Spirit in his/her life, or anything else you feel we should know about his or her spiritual maturity.

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Please rate the applicant on a scale of 1-5 on the following questions.

How well does the applicant express feelings? \_\_\_\_\_

How does the applicant take constructive criticism? \_\_\_\_\_

How does he/she cooperate with others in a group or team setting? \_\_\_\_\_

Do you have any reservations about the applicant participating in an internship?   yes   no

If so, please explain. \_\_\_\_\_

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If you have any further comments, please use the back to elaborate.

Signature \_\_\_\_\_ Date \_\_\_\_\_